



# Office of the Sheriff

Spotsylvania County  
PO Box 124  
Spotsylvania, VA 22553  
Tel. 540-507-7097 or 540-507-3937

## IMPORTANT

***A significant part of this process consists of an evaluation of your ability to follow directions since this factor is directly relevant to the Explorer position for which you are applying.*** It is imperative that you answer all questions completely and accurately. Any omissions or incomplete information will directly impact the agency's consideration of your application. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, the answer should be continued on page 3.

Applicant, please note:

It will be necessary for you to furnish the following documents or copies at the time you submit your application:

- Birth Certificate or other proof of United States citizenship
- Driver's License, if applicable
- Official, sealed transcript from your school
- A letter of recommendation from your school's guidance office or from your pastor or other community leader
- Three references whom are not related to you
- Essay explaining why you want to be an Explorer

I understand that all of the information contained herein is confidential. This document will be used to verify my personal history and assist in determining my suitability for an Explorer position. All information is subject to a thorough review and verification by an investigator. Any deliberately false, misleading, inaccurate, incomplete, or untruthful information shall be cause for denial of an Explorer position with the Spotsylvania County Sheriff's Office. If subsequently granted a position with this Office, this shall be cause for disciplinary action up to and including termination. All approved applications are subject to a 30 day probationary period.

***I HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Spotsylvania County Sheriff's Office

## Explorer Application

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
Number Street or Route City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School Address: \_\_\_\_\_  
Number Street or Route City State Zip Code

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Operator's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been arrested or charged with any crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, regardless of whether or not you were convicted please explain in detail. This also applies to when you were a juvenile and MUST include all issues that may have been subsequently expunged or sealed by a court for any reason.

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Have you ever been charged with any traffic violations? \_\_\_\_ Yes \_\_\_\_ No

If yes, regardless of whether or not you were convicted please explain in detail. This also applies to when you were a juvenile and MUST include all issues that may have been subsequently expunged or sealed by a court for any reason.

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Have you at any time used illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

Have you at any time used prescription drugs that were not prescribed to you? \_\_\_\_ Yes \_\_\_\_ No

Have you at any time given or sold to another person prescription drugs that were prescribed to you? \_\_\_\_ Yes \_\_\_\_ No

If you answered Yes to any of these three questions please explain in detail the circumstances, to include what drug(s), last time used, how often, and where it occurred. Prior drug use shall be reviewed on a case-by-case basis however all drug use MUST be disclosed

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
Years known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Years known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Years known: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## IMPORTANT

I am aware that by accompanying members of the Spotsylvania County Sheriff's Office there is a high probability that I will be exposed to hazardous situations inherent in police work. This includes, but is not limited to, high speed vehicle operation, accidents, arrest situations, dangerous weapons, assaults, contact with abnormal persons, etc. I have applied to join the Spotsylvania County Sheriff's Office Explorer program with full knowledge that there is potential for serious bodily injury, death, and loss or damage to my person or property.

Acknowledging this foreseeable danger, I \_\_\_\_\_ do hereby release the Spotsylvania County Sheriff's Office, and its employees or agents from any and all liability for any injuries or losses incurred or the result of my participation with the sheriff's office as an Explorer program participant.

I understand and agree that I am responsible for my own medical coverage as well as any and all other insurance coverage.

\_\_\_\_\_  
Name (printed) Address: \_\_\_\_\_

\_\_\_\_\_  
Signature Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Affidavit

I, \_\_\_\_\_, Notary Public in and for the County and State aforesaid, hereby certify that, on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, the Affiant herein, \_\_\_\_\_, did personally appear before me and duly executed the foregoing document in my presence.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Explorer's Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Spotsylvania County  
PO Box 124  
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**IMPORTANT**

**PARENT'S AUTHORIZATION AND LIABILITY WAIVER  
FOR MINOR CHILD'S EXPLORER PROGRAM PARTICIPATION**

I am aware that by participating in the Spotsylvania County Sheriff's Office Explorer Program there is a high probability that my minor child, \_\_\_\_\_, will be exposed to hazardous situations inherent in police work. This includes, but is not limited to, high speed vehicle operations, accidents, arrest situations, dangerous weapons, assaults, contacts with abnormal persons, with animals, and with dangerous materials, as well as operations in potentially hazardous environments. My child has applied to the Explorer Program of the Spotsylvania County Sheriff's Office with full knowledge that there is the potential for serious bodily injury, death, and loss or damage to their person or property.

Acknowledging this foreseeable danger, I \_\_\_\_\_ do hereby consent to his/her participation and release the Spotsylvania County Sheriff's Office and its employees or agents from any and all liability for injuries or death or losses of any type incurred or the result of my child's participation with the sheriff's office Explorer Program.

I understand and agree that I am responsible for my child's medical coverage as well as any and all other insurance coverage.

\_\_\_\_\_  
Name (printed)

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Affidavit

I, \_\_\_\_\_, Notary Public in and for the County and State aforesaid, hereby certify that, on this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, the Affiant herein, \_\_\_\_\_, did personally appear before me and duly executed the foregoing document in my presence.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Explorer's Advisor's Signature

\_\_\_\_\_  
Date

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_  
Date:

**SPOTSYLVANIA COUNTY SHERIFF'S OFFICE**



**Office of the Sheriff**

Sheriff Roger L. Harris

Post Office Box 124

Spotsylvania, Virginia 22553

Phone: 540-582-7115 • Fax: 540-582-9448

***CONFIDENTIALITY & NONDISCLOSURE AGREEMENT***

I, \_\_\_\_\_, have applied to *the Spotsylvania County Sheriff's Office Explorer Program*. I acknowledge and agree that my acceptance by the sheriff's office is conditioned on my maintaining total confidentiality regarding all sensitive aspects of my participation in the *Explorer* program.

As an explorer I will see, hear, read and in other ways learn and be exposed to confidential and highly sensitive information directly and indirectly related to law enforcement cases and activities. This may include, but is not limited to, information that is related to current or past criminal investigations, individual persons' criminal histories, high profile public issues, sheriff's office personnel matters and policies and procedures.

I acknowledge and agree to the following:

- The absolute presumption is that all information related to my participation in the *Spotsylvania County Sheriff's Office Explorer Program* is confidential and I agree that I shall not violate the confidentiality interest of the Sheriff's Office for any reason other than compliance with a lawful order of a court of competent jurisdiction.
- This Agreement shall not be construed to prevent me from discussing the general nature of my activities. However under no circumstances may I discuss individual cases, specifics of work assignments, and other confidential information.

- This Agreement also extends to the participation in or the posting of information on social media websites, chat rooms and other electronic devices or means for the dissemination of information.
- The restrictions of this Agreement shall survive the termination of my *Explorer* program participation, whether by natural expiration or under involuntary circumstances.
- Violations of this Agreement regarding willful or accidental disclosure or dissemination of certain law enforcement information may constitute criminal violations of law under applicable Federal or Commonwealth of Virginia statutes and may subject me to prosecution that may result in fines, imprisonment or both.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Violations of this Agreement may also subject me to civil liability which may result in judgments for financial awards for actual and punitive damages.

Therefore, I, \_\_\_\_\_, warrant that I shall not disclose information beyond a general discussion of the *Explorer* program to any individual person or any entity outside the Spotsylvania County Sheriff's Office. Furthermore, I will not remove from the sheriff's office or copy or retain confidential information learned, heard or otherwise gained from my participation in the program.

By executing this Agreement I warrant that I have read and understand it and agree to comply with it in every respect. I acknowledge and agree that my failure in any way to comply with the requirements set forth herein is grounds for discipline up to and including termination of my membership in the *Explorer* program. The results of that discipline or termination will become a permanent part of my personnel file in the sheriff's office and the county Human Resources Department. Additionally, it may result in criminal or civil proceedings as permitted by law.

\_\_\_\_\_  
Name (printed) Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

**Affidavit**

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\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

*Applicant's Signature:* \_\_\_\_\_ Date: \_\_\_\_\_